



WATER WELL REPORT

Original & 1st copy - Ecology, 2nd copy - owner, 3rd copy - driller

Construction/Decommission ("x" in circle) 212158

☒ Construction

☐ Decommission ORIGINAL INSTALLATION Notice of Intent Number _____

PROPOSED USE: <input type="checkbox"/> DeWater <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Test Well <input type="checkbox"/> Municipal <input type="checkbox"/> Other _____																									
TYPE OF WORK: Owner's number of well (if more than one) _____ <input checked="" type="checkbox"/> New well <input type="checkbox"/> Reconditioned <input type="checkbox"/> Method: <input type="checkbox"/> Dug <input type="checkbox"/> Bored <input type="checkbox"/> Driven <input type="checkbox"/> Deepened <input checked="" type="checkbox"/> Cable <input type="checkbox"/> Rotary <input type="checkbox"/> Jetted																									
DIMENSIONS: Diameter of well <u>6</u> inches, drilled <u>209</u> ft. Depth of completed well <u>209</u> ft.																									
CONSTRUCTION DETAILS Casing <input checked="" type="checkbox"/> Welded <u>6</u> " Diam. from <u>71.5</u> ft. to <u>199</u> ft. Installed: <input type="checkbox"/> Liner installed _____ " Diam. from _____ ft. to _____ ft. <input type="checkbox"/> Threaded _____ " Diam. from _____ ft. to _____ ft.																									
Perforations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type of perforator used _____ SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft. to _____ ft.																									
Screens: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> K-Pac Location <u>198</u> Manufacturer's Name _____ Type <u>stainless</u> Model No. <u>TELE</u> Diam. _____ Slot size _____ from _____ ft. to _____ ft. Diam. <u>5</u> Slot size <u>8</u> from <u>199</u> ft. to <u>209</u> ft.																									
Gravel/Filter packed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Size of gravel/sand _____ Materials placed from _____ ft. to _____ ft.																									
Surface Seal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No To what depth? <u>18</u> ft. Material used in seal <u>Bentonite</u> Did any strata contain unusable water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type of water? _____ Depth of strata _____ Method of sealing strata off _____																									
PUMP: Manufacturer's Name _____ Type: _____ H.P. _____																									
WATER LEVELS: Land-surface elevation above mean sea level <u>250+</u> ft. Static level <u>174</u> ft. below top of well Date <u>11-25-06</u> Artesian pressure _____ lbs. per square inch Date _____ Artesian water is controlled by _____ (cap, valve, etc.)																									
WELL TESTS: Drawdown is amount water level is lowered below static level Was a pump test made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, by whom? _____ Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs. Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs. Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs. Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level) <table border="1"> <thead> <tr> <th>Time</th> <th>Water Level</th> <th>Time</th> <th>Water Level</th> <th>Time</th> <th>Water Level</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> Date of test _____ Bailer test <u>10</u> gal./min. with <u>8</u> ft. drawdown after <u>1 1/2</u> hrs. Airtest _____ gal./min. with stem set at _____ ft. for _____ hrs. Artesian flow _____ g.p.m. Date _____ Temperature of water _____ Was a chemical analysis made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Time	Water Level	Time	Water Level	Time	Water Level	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Time	Water Level	Time	Water Level	Time	Water Level																				
_____	_____	_____	_____	_____	_____																				
_____	_____	_____	_____	_____	_____																				
_____	_____	_____	_____	_____	_____																				

CURRENT

Notice of Intent No. W 238272

Unique Ecology Well ID Tag No. APR 923

Water Right Permit No. _____

Property Owner Name RUSSELL E. LETT

Well Street Address Strawberry Hill Ln

City Oak Harbor County 1 Island

Location SE 1/4-1/4 SW 1/4 Sec 35 Twn 33R 2 ☒ EWM or WWM circle one

Lat/Long (s, t, r) Lat Deg _____ Lat Min/Sec _____

Still **REQUIRED** Long Deg _____ Long Min/Sec _____

Tax Parcel No. R 23335-035-2460

CONSTRUCTION OR DECOMMISSION PROCEDURE

Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information. (USE ADDITIONAL SHEETS IF NECESSARY.)

MATERIAL	FROM	TO
Sand Gravel Rock	0	3
Comp sanel	3	12
clay with Gravel	12	28
clay	28	60
Brduely Clay	60	148
silty sand	148	182
Fine Watersand	182	209
mostly silt	209	

Well needs to be pump tested.

Well site approved by Island County Health Dept

RECEIVED

DEC 04 2006

DEPT. OF ECOLOGY

Start Date 11-14-06 Completed Date 11-25-06

WELL CONSTRUCTION CERTIFICATION: I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

☒ Driller ☐ Engineer ☐ Trainee Name (Print) E. Boonstra Drilling Company WHIDBEY DRILLERS

Driller/Engineer/Trainee Signature [Signature] Address 716 Holbrook Rd

Driller or trainee License No. 0038 City, State, Zip Campville WA 98239

Contractor's Registration No. WHIDBWD97ILT Date 11-26-06

Driller's Licensed No. _____ Ecology is an Equal Opportunity Employer.
 Driller's Signature _____